

Ohio Development Services Agency

Office of Community Development - Supportive Housing Monitoring Tool

Grantee:	<u>Coleman Professional Serv.</u>	Grant #:	<u>S-L-13-TGJ-1</u>
Executive Director:	<u>Nelson M. Burns</u>	Amount:	<u>860,000</u>
Contact:	<u>Tammy Weaver</u>	Period:	
Title:	<u>Program Manager</u>	Grant #:	<u>S-L-14-TGJ-2</u>
Phone Number:	<u>330-673-1347</u>	Amount:	<u>650,000</u>
Email:	<u>Tammy.Weaver@colemanseva.org</u>	Period:	
Monitor's Name:	<u>Kimberly Alvarado</u>	Grant #:	<u>S-4-12-TGJ-1</u>
Visit Date:	<u>11-20-2015</u>	Amount:	<u>146,400</u>
		Period:	

Previous Monitoring

Date Monitored: 11-18-14 Monitor: Kimberly Alvarado

Findings and Concerns:

Grant #

Grant # None

Grant #

Corrective Actions:

Grant #

Grant # None

Grant #

Verification of Corrective Actions:

Grant #

Grant # None

Grant #

Entrance Interview Signatures

Print Name	Signature	Agency	Title
Jimmy Weaver	<i>[Signature]</i>	Coleman	VPOF Clinical
Kimberly Alexander	<i>[Signature]</i>	Obst	Hbz Specialist

Programmatic Background: *Please see attached.*

Staff Changes/Comments:

None

For Shelters:

How many households diverted? *N/A*

Describe the diversion process:

Coleman Professional Services Region 5

The following organizations are part of Region 5 HCRP and PSH grants:

Community Action Agency – Ashtabula

Catholic Charities – Ashtabula

Womensafe – Geauga

Life Line – Lake

Coleman Professional Services – Portage

Family and Community Services – Portage

Humility of Mary – Trumbull

Trumbull County Mental Health and Recovery Board – Trumbull

Coleman Professional Services – Trumbull

Coleman Professional Services uses the State's monitoring tool when doing the site reviews.

Coleman Professional Services goes to each site at least one (1) time per year to do the chart reviews, policy review. Coleman Professional Services reviews 10 charts per site.

Coleman Professional Services fiscal staff contact partner agencies on a quarterly basis to ensure the grant allocations are being spent or will be spent by the end of the grant year. If an agency is not able to spend their allocation then those funds are offered to other partner agencies to spend.

Coleman also coordinates and leads at least one (1) meeting per year with all grantees required to attend to go over issues in the Region, HMIS, Point in time, Performance Outcomes, and other BOSCO or State issues that need to be addressed.

Interview Questions

Does the Agency have:

Policy and procedures manual?
 Personnel policies?
 By-laws?
 Procedure for evaluating participant eligibility?
 Confidentiality policy?
 Client termination policy?
 Client appeals policy?
 Client complaint policy?
 Equal opportunities policy?
 Drug free work place requirement?
 Copy of three most recent board minutes?
 Current insurance certificates?✓
 Copy of Office of Community Development status reports?
 Copy of Fair Housing policy?✓
 Procurement policies?
 Participate in benefit bank? If so, contact: Jessica Miller

Yes	No	N/A
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		

Does the Agency have the following for Homeless Crisis Response Program (HCRP):

Procedure for lead and habitability inspection?
 Staff certified to conduct lead inspections? How many in-house staff? 7
 (include copies of certifications in working papers)
 Procedure for rent reasonableness evaluations?
 Federal citation related to perjury included in documents? ✓
 How many households discontinued Rapid Re-housing assistance at 90-day mark due to being over income? ✓

✓		
	✓	
✓		

Partner agencies? (if so, list agencies below)
 If so, monitor partner agencies?
 Copy of Monitoring Tool provided? (include in working papers)
 List partner agencies:

✓		

Geauga Lake, Catholic Charities, Island Comm Serv, Coleman

Describe Monitoring Partner Agency Process: Review the client h/h on an Annual Basis

Notes:

Reviewer's Signature

Kimberly Henderson

Financial Management Systems Interview

Does the Agency have:

Financial management policy and procedure manual?
 All payments go to third parties and not participants?
 Staff use timecards/timesheets?
 Timecards/timesheets list hours charged to specific grant?
 Employees and supervisors sign timecard/timesheet?
 Copies of all financial records on site (including partner agencies)?
 A cash receipts journal?
 A cash disbursements journal?
 Shelter's procurement policy complies with 24 CFR Part 84?
 Agency awarded \$500,000 or more federal? yes
 Agency awarded \$100,000 or more state? yes

Yes No N/A

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Who receives monetary donations?

Name: _____
 Title: Grant writers
 Name: _____
 Title: _____

Who posts receipts to ledger?

Name: Melissa Goe
 Title: acct
 Name: _____
 Title: _____

Who reconciles bank account(s)?

Name: Pat Dunn
 Title: Acct Clerk
 Name: _____
 Title: _____

Who approves invoices for payment?

Name: Tammy Weaver
 Title: VP Clinical Services
 Name: _____
 Title: _____

Who is authorized to sign checks?

Name: Marshall Buckley
 Title: Acctg CFO
 Name: _____
 Title: _____

How many signatures needed? _____

How does the agency segregate ODSA-awarded funds?

we use a spreadsheet, + cost center, + acct to keep track.

Reviewer's Signature

[Signature]

Financial Test

Financial Management Contact:

Pat Dunn

Phone: 330-673-1347

Email:

Pat.Dunn@co.kenton-progressive.com

HMIS #	Activity	Check #	Vendor	Amount	Check Date	Check Cancelled Date	Authorized Check Signature	Amount Agrees with Invoice	Invoice Due Date	Authorized Signature Approving Invoice
	Rent	19335	Rebbon Day	450	8-6-2015	8-17-2015	✓	✓	✓	✓
	Rent	19079	Michigan Square	1,470	5-21-14	6-2-14	✓	✓	✓	✓
	Rent	19121	Kathleen Brown (United)	578	3-14-14	3-21-14	✓	✓	✓	✓
	Rent	19060	Normandy Manor	649	6-7-14	6-12-14	✓	✓	✓	✓

Grant Number

Drawn Amount on Open Grant

Expended Amount on Open Grant

Grant Award

Discrepancy Greater than 10%

Yes

No

Yes

No

Notes:

Reviewer's Signature

<div style="text-align: center;">Facility Inspection</div>	
---	--

#1: _____

#2: _____

#3: _____

#1	#2	#3
----	----	----

[illegible]

Facility has first aid equipment and telephone for emergencies?

Violations:

Confirmation of Corrective Actions Taken:	

Reviewer's Signature	
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Facility Interview

Policy:

HMIS Privacy notice posted?

HMIS licensed users and last log-in date: 11-20-15

Provisions made to maintain family as intact unit?

Procedure to sanitize linens and sleeping surfaces?

Emergency telephone numbers posted near telephone?

Written policy regarding possession and use of controlled substances?

Written policy regarding control of infectious diseases?

Verification domestic violence (DV) shelter serves non-DV persons
imminently facing homelessness?

If DV, how many total beds?

If DV, how many beds served with our funds?

If DV, how made known to the community? (include copy in working papers)

Shelter:

How many households referred to Rapid Re-housing?

Shelter's Board of Director's includes at least one homeless/formerly homeless person?

Shelter complies with local fire, environmental, and health safety standards?

Shelter provides a bed and clean linens for each guest?

Shelter provides private space to meet with clients?

Shelter has adequate natural or artificial illumination?

Shelters providing food service have adequate sanitary storage and food preparation?

Shelter provides locked place for storage of medication?

Shelter provides reasonable security to clients?

Shelter maintains attendance list?

Shelter provides accommodations to store personal belongings?

Shelter has a Fair Housing poster?

Shelter has an occupancy permit?

Shelter has policy regarding control of weapons?

Shelter provides kitchen in good repair?

Shelter has food license from health department?

Violations:

Confirmation of Corrective Actions Taken:

Reviewer's Signature

Program Operations

Grant Number _____

Program Type/Name

PSH / Lakman Professional Services

(check all that apply)

	Customers	Customers	Customers	Customers
Single Male (SM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Female (SF)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households w/Children (HC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Female (YF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Male (YM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth (Y)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	Number	Number	Number	Number
single family				
1-bedroom	<i>45</i>			
2-bedroom				
3-bedroom				
4-bedroom				
Single-Room Occupancy (SRO)				
Beds				
Rooms				
Motel				

Separate Individuals [SI]

	Currently in Program	Currently in Program	Currently in Program	Currently in Program
	<i>45</i>			
Families [F]				
Adults [FA]				
Children [C]				
Total HH [SI+F]	<i>45</i>			
Total Persons [SI+FA+C]				

Reviewer's Signature

K Alexander

*Serial PSH-86
Serial PSH-126*

HP Does Not Match

Homeless Management Information System Review for Homelessness Prevention and Rapid Re-Housing						
Time Range From:		To:				
Universal Data Element	Don't Know/Refused	%	Missing Data	%		
Name	0	0	0	0		
Social Security Number	0	0	0	0		
Date of Birth	0	0	0	0		
Race	0	0	0	0		
Ethnicity	0	0	0	0		
Gender	0	0	0	0		
Veteran Status	0	0	0	0		
Disabling Condition	0	0	0	0		
Residence Prior to Program Entry	0	0	0	0		
Zip Code of Last Permanent Address	0	0	0	0		
Housing Status	0	0	0	0		
Section 7: Housing Status at Entry - Number of Persons in Household						
Literally Homeless (Rapid Re-Housing)			Unstably Housed			
Imminently Losing (Homelessness Prevention)			Stably Housed			
Section 19: Housing Status at Entry and Exit - All Leavers						
Housing Status at Exit						
Housing Status at Entry	Literally Homeless	Imminently Losing	Unstably Housed	Stably Housed	Don't Know/ Refused	Information Missing
Literally Homeless						
Imminently Losing						
Unstably Housed						
Stably Housed						
Total						
Section 20: Destination for Leavers						
	Permanent Destinations Subtotal	Temporary Destinations Subtotal	Institutional Settings Subtotal	Other Destinations Subtotal		
Destination Leavers > 90 days HP						
Destination Leavers ≤ 90 days HP						
Destination Leavers > 90 days RH						
Destination Leavers ≤ 90 days RH						
Total						
Section 18: Total Number of Leavers: _____						
Percentage of Leavers in Households Exiting to Positive Outcomes (permanent destinations): _____						
Section 8: Persons and Households Served						
	# Projected Persons Served	# Projected Households Served	Total Persons Served GTD*	Total Households Served GTD*		
Homelessness Prevention						
Homeless Assistance						
Total						
Met Application Projections within 10%?			Yes	No		
Reviewer's Signature _____						

*Grant to-date

Homeless Management Information System Review for Emergency Shelter

Time Range From:		To:	
Universal Data Element	Don't Know/Refused	%	Missing Data
Name			
Social Security Number			
Date of Birth			
Race			
Ethnicity			
Gender			
Veteran Status			
Disabling Condition			
Residence Prior to Program Entry			
Zip Code of Last Permanent Address			
Housing Status			

Sections 8 & 9: Persons and Households Served

# Projected Persons Served	# Projected Households Served	Persons Served during Operating Year Total	Households Served during Operating Year Total					
				Met Application Projections? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Yes	No		
Yes	No							

Section 8: Average Number of Persons Served Each Night

Average Number of Persons Served Each Night	<input style="width: 80px;" type="text"/>	
Number of Beds	<input style="width: 100px;" type="text"/>	Occupancy Rate <input style="width: 100px;" type="text"/>

Section 27: Participation in Days

	Average Length of Stay for Last Grant Period	Average Length of Stay					
Leavers	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	Met Application Projections? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Yes	No		
Yes	No						
Stayers	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>					

Section 29: Destination

	Permanent Destinations Subtotal	Temporary Destinations Subtotal	Institutional Settings Subtotal	Other Destinations Subtotal
Destination Leavers > 90 days				
Destination Leavers ≤ 90 days				
Total				

Section 7: Total Number of Records for Leavers:

Percentage of Leavers in Households Exiting to Positive Outcomes (permanent destinations):

Projected Percentage of Positive Housing Outcomes Exiting Shelters:

Met Application Projections?

Yes	No

Reviewer's Signature

Homeless Management Information System Review for Transitional Housing

Time Range From:

To:

Universal Data Element	Don't Know/Refused	%	Missing Data	%
Name				
Social Security Number				
Date of Birth				
Race				
Ethnicity				
Gender				
Veteran Status				
Disabling Condition				
Residence Prior to Program Entry				
Zip Code of Last Permanent Address				
Housing Status				

Sections 8 & 9: Persons and Households Served

Number Projected Persons Served	Number Projected Households Served	Persons Served during Operating Year Total	Households Served during Operating Year Total	Met Application Projections?	Yes	No

Section 8: Average Number of Persons Served Each Night

Average Number of Persons Served Each Night		Bed Utilization Rate:	
Number of Existing Beds:		Between 65-105%	Yes No

Section 9: Average Number of Households Served Each Night

Average Number of Households Served Each Night		Unit Utilization Rate:	
Number of Existing Units:		Between 65-105%	Yes No

Section 27: Participation in Days

	Average Length of Stay for Last Grant Period	Average Length of Stay	Met Application Projections?	Yes	No
Leavers					
Stayers					

Section 29: Destination

	Permanent Destinations Subtotal	Temporary Destinations Subtotal	Institutional Settings Subtotal	Other Destinations Subtotal
Destination Leavers > 90 days				
Destination Leavers ≤ 90 days				
Total				

Section 7: Total Number of Records for Leavers:

Percentage of Leavers in Households Exiting to Positive Outcomes (permanent destinations):

Projected Percentage of Positive Housing Outcomes Exiting:

More than 70%?

Yes No

Reviewer's Signature

Does Not Match
Current APR

Homeless Management Information System Review for Permanent Supportive Housing				
Time Range From:		To:		
Universal Data Element	Don't Know/Refused	%	Missing Data	%
Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Security Number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of Birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabling Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residence Prior to Program Entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zip Code of Last Permanent Address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sections 8 & 9: Persons and Households Served				
Number Projected Persons Served	Number Projected Households Served	Persons Served during Operating Year Total	Households Served during Operating Year Total	
				Met Application Projections? <div style="display: inline-block; text-align: center;"> Yes <input type="checkbox"/> </div> <div style="display: inline-block; text-align: center;"> No <input type="checkbox"/> </div>
Section 8: Average Number of Persons Served Each Night				
Average Number of Persons Served Each Night		<input style="width: 100px;" type="text"/>	Bed Utilization Rate:	
Number of Existing Beds:		<input style="width: 100px;" type="text"/>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Yes <input type="checkbox"/> </div> <div style="text-align: center;"> No <input type="checkbox"/> </div> </div>	
Section 9: Average Number of Households Served Each Night				
Average Number of Households Served Each Night		<input style="width: 100px;" type="text"/>	Unit Utilization Rate:	
Number of Existing Units:		<input style="width: 100px;" type="text"/>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Yes <input type="checkbox"/> </div> <div style="text-align: center;"> No <input type="checkbox"/> </div> </div>	
Section 27: Participation in Days				
	Average Length of Stay for Last Grant Period	Average Length of Stay	Average Length of Stay More than 180 days?	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Yes <input type="checkbox"/> </div> <div style="text-align: center;"> No <input type="checkbox"/> </div> </div>
Leavers	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	Percentage of Persons with Average Length of Stay More than 180 days	<input style="width: 100px;" type="text"/>
Stayers	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>		
Section 29: Destination				
	Permanent Destinations Subtotal	Temporary Destinations Subtotal	Institutional Settings Subtotal	Other Destinations Subtotal
Destination Leavers > 90 days	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Destination Leavers ≤ 90 days	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Total	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Reviewer's Signature				

Client File Review Homelessness Prevention

HMIS #: 103487

HMIS Entry Date: 9-24-14

HMIS Exit Date: 10-26-14

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	Rent	750	Sept	750
Household Size: <u>2</u>		Total Assistance: <u>750</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>22</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months and at or below 30% AMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified? _____	Date unit will be available? _____		
Habitability Inspection in file? <input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file? <input type="checkbox"/> Child under 6 <input type="checkbox"/> Unit built before 1978 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

P. Alvarez

Client File Review Homelessness Prevention

HMIS #: 168694

HMIS Entry Date: 9-24-14

HMIS Exit Date: 10-6-14

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	Rent	650	Sept	650
Household Size: <u>1</u>		Total Assistance: <u>650</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>23</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months and at or below 30% AMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date unit will be available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Reviewer's Signature

K Alexander

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Orange DV Shelter

Client File Review Rapid Re-housing

HMIS #: 3641

HMIS Entry Date: 11-14-14

HMIS Exit Date: _____

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	Rent SD	399.39 300	Nov Nov	399.39 300
Household Size: <u>4</u>		Total Assistance: <u>699.39</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?			
Future unit is identified?	_____	Date unit will be available?	_____
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	Child under 6 <input type="checkbox"/> Unit built before 1978 <input type="checkbox"/>	<input checked="" type="checkbox"/>

Reviewer's Signature

K Alexander

Client File Review Rapid Re-housing

HMIS #: 2005HMIS Entry Date: 12-6-14HMIS Exit Date: 1-9-15Assistance
Received:

Activity	\$ Amount	Months Assistance Received	Total
SD Rent	550 550	12C 5AR	550 550

Household Size: 2

Total Assistance: _____

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If used, documentation of no other shelter available? _____			
Future unit is identified? _____	Date unit will be available? _____		
Habitability Inspection in file? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child under 6 <input type="checkbox"/>	Unit built before 1978 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K. Alvarado

Client File Review Rapid Re-housing

HMIS #: 164246

HMIS Entry Date: 6-3-14

HMIS Exit Date: 7-1-2014

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	<u>SD</u>	<u>650</u>	<u>June</u>	<u>650</u>
Household Size: <u>4</u>		Total Assistance: <u>650</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If used, documentation of no other shelter available?			
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child under 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date unit will be available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit built before 1978	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K. K. K. K.

Ashkela

Client File Review Rapid Re-housing

HMIS #: 165620

HMIS Entry Date: 12-8-2014

HMIS Exit Date: 1-6-2015

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	SD	400	Dec	400
Household Size: <u>2</u>		Total Assistance: <u>400</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>TRANS 115x</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If used, documentation of no other shelter available?			
Future unit is identified?			
Date unit will be available?			
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child under 6	<input type="checkbox"/>	Unit built before 1978	<input type="checkbox"/>

Reviewer's Signature

Ashkela

Ashepula

Client File Review Rapid Re-housing

HMIS #: 163387

HMIS Entry Date: 8-13-14

HMIS Exit Date: 9-20-14

Activity	\$ Amount	Months Assistance Received	Total
SD	540	Aug	540
Household Size: <u>2</u>		Total Assistance: <u>540</u>	

Assistance Received:

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	IRMS 115g		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?			
Future unit is identified?			
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Date unit will be available?

☒ Y ☒ N

☒ Y ☒ N

☐ Unit built before 1978 ☐

Reviewer's Signature

K. Melander

Client File Review Rapid Re-housing

HMIS #: 168594 HMIS Entry Date: 10-22-14 HMIS Exit Date: 11-29-14

Activity	\$ Amount	Months Assistance Received	Total
SD Rent	425 425	Aug Nov	425 425
Household Size: <u>1</u>		Total Assistance: <u>850</u>	

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided? <u>74412-8928</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?			
Future unit is identified?			
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child under 6	<input type="checkbox"/>	Unit built before 1978	<input type="checkbox"/>
Date unit will be available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K Alexander

Ashlabula

Client File Review Rapid Re-housing

HMIS #: 109132

HMIS Entry Date: 5-27-14

HMIS Exit Date: 6-28-14

Assistance
Received:

Activity	\$ Amount	Months Assistance Received	Total
SD 1	475	May	475

Household Size: 2

Total Assistance: 475

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification:			<input checked="" type="checkbox"/>
Date of 2nd Recertification:			<input checked="" type="checkbox"/>
Date of 3rd Recertification:			<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available? _____			
Future unit is identified?	_____	Date unit will be available?	_____
Habitability Inspection in file?	<input checked="" type="checkbox"/>	Y/N	<input checked="" type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	Child under 6	<input type="checkbox"/>
	<input type="checkbox"/>	Unit built before 1978	<input type="checkbox"/>

Reviewer's Signature

Ashlabula

188

Client File Review Homelessness Prevention

HMIS #: 157950

HMIS Entry Date: 6-3-14

HMIS Exit Date: 11-1-2014

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	3D	650	June	650
	Rent	650	July	650
	11	650	Aug	650
	11	650	Sept	650
Household Size: <u>2</u>		Total Assistance: <u>3280</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>22</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: <u>Sept 3, 2014</u> (every three months and at or below 30% AMI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified? _____	Date unit will be available? _____		
Habitability Inspection in file? <input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file? <input type="checkbox"/> Child under 6 <input type="checkbox"/> Unit built before 1978 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K. K. K.

Catholic Charities

Client File Review Rapid Re-housing

HMIS #: 15437

HMIS Entry Date: 5-10-14

HMIS Exit Date: 6-1-14

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	SD	575	May	575
Household Size: <u>2</u>		Total Assistance: <u>575</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?			
Future unit is identified?			
Date unit will be available?			
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child under 6	<input type="checkbox"/>	Unit built before 1978	<input type="checkbox"/>

Reviewer's Signature

[Signature]

Client File Review Rapid Re-housing

HMIS #: 139724HMIS Entry Date: MarchHMIS Exit Date: 5-6-2014

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	Rent	135	March	135
	util/water	30.00	March	30.00
	util/gas	40.00	March	40.00
	Rent	203	April	203
	util/water/gas	74.36, 135	April, May	74.36, 135
Household Size:	<u>3</u>		Total Assistance:	<u>617.36</u>

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: <u>5-1-2014</u> (every three months *Confirmed in HMIS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?			
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child under 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit built before 1978	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K. McCarroll

Client File Review Rapid Re-housing

HMIS #: 4721HMIS Entry Date: 5-1-2015

HMIS Exit Date: _____

Assistance
Received:

Activity	\$ Amount	Months Assistance Received	Total
SD Rent	450 450	May June	450 450

Household Size: 3Total Assistance: 900

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available? _____			
Future unit is identified? _____	Date unit will be available? _____		
Habitability Inspection in file? <u>Y/N</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file? <u>Child under 6</u>	<input type="checkbox"/>	Unit built before 1978 <input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

[Signature]

Client File Review Homelessness Prevention

HMIS #: 54347HMIS Entry Date: 3-1-2014HMIS Exit Date: May 23 2014

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	Rent	225	MARCH	225
	"	225	APRIL	225
	"	225	MAY	225
Household Size: <u>2</u>		Total Assistance: <u>675</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>21</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months and at or below 30% AMI)			<input checked="" type="checkbox"/>
Date of 2nd Recertification:			<input checked="" type="checkbox"/>
Date of 3rd Recertification:			<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date unit will be available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K. A. G. G. G.

Catholic Charities

Client File Review Homelessness Prevention			
HMIS #: <u>166023</u>	HMIS Entry Date: <u>8-12-14</u>	HMIS Exit Date: <u>12-12-14</u>	
Assistance Received:	Activity	\$ Amount	Months Assistance Received
	Rent	500	Aug
	Rent	500	Sept
	Rent	500	Oct
	Rent	500	Nov
	Rent	500	Dec
Household Size: <u>5</u>		Total Assistance: <u>2500</u>	
Client Documentation			
Initial assessment to determine appropriate assistance is provided?		Yes	No
Household is below 30 percent Area Median Income? <u>51</u> %		Yes	No
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?		Yes	No
Assistance received is appropriate for stable housing outcome?		Yes	No
Minimum level of assistance provided?		Yes	No
Date of 1st Recertification: <u>Oct 6, 2014</u> (every three months and at or below 30% AMI)		*Confirmed in HMIS?	
Date of 2nd Recertification:		*Confirmed in HMIS?	
Date of 3rd Recertification:		*Confirmed in HMIS?	
Rent Reasonableness Calculation		Yes	No
Signed Staff Certification		Yes	No
Rental Assistance Agreement		Yes	No
Client Services			
Lease provided?		Yes	No
Eviction notice provided?		Yes	No
Security deposit is less than two months rent?		Yes	No
Rental Arrear is six months or less?		Yes	No
Rental assistance is 24 months or less?		Yes	No
Utility assistance is 24 months or less?		Yes	No
Utility disconnect notice provided if using utility assistance?		Yes	No
Storage arrangements are three months or less?		Yes	No
Motel/Hotel use is for three months or less and only if no other units available?		Yes	No
If used, documentation of no other shelter available?		Yes	No
Future unit is identified?		Date unit will be available?	
Habitability Inspection in file?		Y/N	Y/N
Lead-based paint inspection in file?		Child under 6	Unit built before 1978
Reviewer's Signature			

MAKENE
Teivissonn

HMIS Entry Date: Not Noted

HMIS Exit Date: Not Made

Activity	\$ Amount	Months Assistance Received	Total
Rental A/c	600	Jan	600
Rental A/c	600	Feb	600
" "	600	March	600
Household Size:	3	Total Assistance:	1,800

Client Documentation

		Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income?	<u>21</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification:	(every three	*Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification:	months and at or	*Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>
Date of 3rd Recertification:	below 30% AMI)	*Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>
Rent Reasonableness Calculation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available? _____			
Future unit is identified? _____	Date unit will be available? _____		
Habitability Inspection in file?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Lead-based paint inspection in file?	Child under 6 <input type="checkbox"/>	Unit built before 1978 <input type="checkbox"/>	<input checked="" type="checkbox"/>

Reviewer's Signature

R. Alexandre

Client File Review Homelessness Prevention

HMIS #: 101382HMIS Entry Date: 7-1-2015HMIS Exit Date: 12-19-2015

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	Rental Arrears	475	July	475
	" "	575	Aug	575
	" "	575	Sept	575
	" "	575	Oct	575
	" "	136	Nov	136
		219	Dec	219
Household Size: _____		Total Assistance: <u>2,555</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>25</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: <u>Sept 7, 2014</u> (every three months and at or below 30% AMI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification: <u>Dec 8, 2014</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified? _____	Date unit will be available? _____		
Habitability Inspection in file? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file? <input type="checkbox"/> Child under 6 <input type="checkbox"/> Unit built before 1978 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

HA [Signature]

Client File Review Homelessness Prevention

HMIS #: 152674

HMIS Entry Date: 2-5-14

HMIS Exit Date: 3-6-14

Activity	\$ Amount	Months Assistance Received	Total
Rent	650	Feb	650
Household Size: <u>3</u>		Total Assistance: <u>650</u>	

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>26</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months and at or below 30% AMI)			<input checked="" type="checkbox"/>
Date of 2nd Recertification:			<input checked="" type="checkbox"/>
Date of 3rd Recertification:			<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?			
Future unit is identified?			Date unit will be available?
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

R Alexander

Client File Review Homelessness Prevention

HMIS #: 856

HMIS Entry Date: 12-5-14

HMIS Exit Date: 2-9-15

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	Rent	224	Dec	224
	1	224	JAN	224
	1	224	FEB	224
Household Size: <u>2</u>		Total Assistance: <u>672</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>23</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months and at or below 30% AMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K. K. K.

lake

Not HHS

Client File Review Rapid Re-housing

HMIS #: Teresa JacksonHMIS Entry Date: 8-1-2014HMIS Exit Date: 11-1-2014

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	SD	405	Aug	405
	Rent	348	Sep	348
	Rent	405	Oct	405
	Rent	405	Nov	405
Household Size: <u>4</u>		Total Assistance: <u>1,743</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: <u>NO CONFIRMED</u> (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent Reasonableness Calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Date unit will be available?

Y/N

Y/N

Child under 6

Unit built before 1978

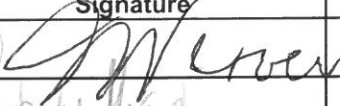

Reviewer's Signature

K. Anderson

Client File Review Emergency Shelter/Transitional Housing/Permanent Supportive Housing

HMIS ID or Client Name	Homeless Verification	Intake	Case Management	Client Personal Identification	Housing Search & Placement	Lease (if PSH)				Income Eligible	Income at Entry	HMIS Collection Form	Housing Outcome
59765	Institution	✓	✓	✓	✓	✓				0.00	0.00	✓	Still in Program
59765		✓	✓	✓	✓	✓				0.00	0.00	✓	Still in Program
59765	Shelter	✓	✓	✓	✓	✓				2462	2462	✓	Still in Program
59765		✓	✓	✓	✓	✓				2462	2462	✓	Still in Program
59765	Shelter	✓	✓	✓	✓	✓				0.00	0.00	✓	Still in Program
59765		✓	✓	✓	✓	✓				0.00	0.00	✓	Still in Program
1056020	Shelter	✓	✓	✓	✓	✓				3462	—	✓	Still in Program
1056020		✓	✓	✓	✓	✓				3462	—	✓	Still in Program
157950	Shelter	✓	✓	✓	✓	✓				5613	5613	✓	Private Res
157950		✓	✓	✓	✓	✓				5613	5613	✓	Private Res

Exit Interview Signatures

Print Name	Signature	Agency	Title
Tammy Weaver		Colman	VP Clinical
Kimberly Alexander		OSU	Hsp Specialist

Findings/Concerns:

Grant #: S-L-13-765-1

PSH
No findings

Family Comm Sec
Verify income

Georgia IV
Files OK.
WIS + Exit Date.

HARP
Asst. Dir. - HHS
Exit Date 2/10/10

Grant #: S-L-14-765-1

Grant #: S-Y-14-765-1

S-Y-12-765-1 - No findings

Colman
update PR forms

Lake
 ① No HALLS #
 ② NO Rent Preamble
 ③ No 3 month Del. info.
 ④ Verify number of pay stubs
 1. & Check Del. info.
 2. & Send 3 pay stubs

Catherine Ash
 HALLS - Entry - 1997 form
 Separate the entire book
 + Book up Del. info. later
 as Lake Dir. of Taper. High
 to follow

Corrective Actions:

Grant #: S-L-765-1

Grant #:

Grant #:

Verify income, update forms, use HALLS Entry, Del. info. forms, Separate the Records
 So they are Easy to follow, Verify income with more than 1 pay stubs And verify income
 on annual records.

Overall: Client files were very hard to follow. Agencies need to use the same forms so HARP can separate
 Certificates so they are easy to follow & change.